

2004 ADMINISTRATIVE CLAIMING AGREEMENT

INTERAGENCY AGREEMENT

**Between the
Wisconsin Department of Health and Family Services
And**

**For participation in the
COMMUNITY BASED MEDICAID ADMINISTRATIVE CLAIMING PROGRAM**

THIS agreement is made and entered into and effective the _____ day of _____, 2004, by and between the DEPARTMENT OF HEALTH AND FAMILY SERVICES, (hereinafter referred to as DHFS), and _____, (hereinafter referred to as COUNTY).

WHEREAS, authority and responsibility for the administration of the Wisconsin State Medicaid program has been delegated to DHFS as the Single State Agency. DHFS, in its capacity as the Single State Agency, is responsible for insuring the quality and cost effectiveness of the Medicaid programs in Wisconsin;

WHEREAS, DHFS has determined a need to facilitate Title XIX reimbursement to Counties for eligible Medicaid Title XIX outreach and administrative services;

WHEREAS, The Community Based Medicaid Administrative Claiming Program (CBMAC) will provide a method of federal reimbursement for eligible Medicaid Title XIX outreach and administrative services currently performed by County Departments of Human Services, Social Services, and Community Programs for individuals who need or are potentially at risk of needing health related services. Eligible administrative functions are primarily to locate, identify and refer individuals needing health/mental health related services, to assist families in accessing Medicaid services through education, public awareness, and seeking appropriate providers and care for individuals. The primary benefit to individuals is to assist families and adults in identifying and accessing Medicaid through education and awareness;

WHEREAS, DHFS and/or its authorized agent has developed a detailed methodology to assess the reimbursable contribution from the COUNTY and to determine and administer the process for calculating and collecting allowable claims for reimbursement of Medicaid administrative outreach activities;

NOW, THEREFORE, in consideration of mutual promises of the parties contained in this agreement, the parties agree as follow:

- A. TERM. The term of this agreement is made and entered into for the period of _____, 2004 through December 31, 2004.
- B. The COUNTY agrees to:
 - 1. Perform Medicaid Title XIX outreach and administrative services.
 - 2. Provide personnel to submit rosters, distribute instruction, provide training, and assist with quality assurance and submission of requested information.
 - 3. Assure participating staff attend the required training prior to inclusion in the HS RMTS RMS sample.
 - 4. Participate in time studies using random moment sampling and attend ongoing training as required.
 - 5. Prepare and submit monthly expenditure reports through CARS following instructions provided by DHFS.
 - 6. Submit with monthly financial information through CARS reporting system certification in the format requested by DHFS attesting to the use of local mill levy or county aide funds of not less than fifty percent (50%) of the amount expended for Medicaid Administrative activities.

7. Maintain documentation related to Medicaid Administrative claiming for a minimum of five (5) years after the date the financial expenditure costs are reported.

C. The Department of Health and Family Services (directly and/or through its agents) agrees to:

1. Provide and complete the quarterly telephone survey for the RMS time study.
2. Do a complete analysis of all data acquired from the County by the methodology developed and approved by the Division of Cost Allocation (DCA) and will verify the contribution from the County for Medicaid reimbursement through this program.
3. Provide appropriate training materials and initial and ongoing training for the use of the HS RMTS and CBMAC methodology developed and approved by DCA to the County.
4. Provide and maintain financial reporting instructions to the County.
5. Provide initial and ongoing financial reporting training to the County regarding compilation of expenditure data for reporting through CARS.
6. Provide technical assistance to the County to support participation in the HS RMTS and the CBMAC program.
7. Make payment to the COUNTY after receiving federal revenue by either check or by direct deposit to the designated financial institution based on the share or proportion of new revenue the state authorized by state policy or statute to distribute to counties.
8. Provide and maintain a toll-free number to facilitate response to queries from the COUNTY

D. **AUDIT DISALLOWANCES.** In the event that a state or federal audit discloses unallowable costs, recoupment of the County share of the disallowance will be treated as a reduction of subsequent payments of the County proportion of federal revenues received for CBMAC activities.

E. **AUTHORIZATION.** This agreement is contingent upon authorization of Wisconsin and United States law and any material amendment or repeal of same affecting relevant funding to, or authority of, the Department shall serve to terminate this agreement except as further agreed by the parties hereto.

F. **TERMINATION OF THIS AGREEMENT.** This agreement may be canceled by either party by providing written notice thereof at least ninety (90) days in advance of the effective date of the termination.

G. **AMENDMENT.** The parties agree that any amendments to this agreement shall be by mutual agreement and shall be in writing.

IN WITNESS WHEREOF, the parties hereto affix their signatures to this agreement.

**County Executive, Board Chairperson,
Or Designee**
(Designee Authorization attached if Designee)

DHFS Deputy Secretary

Date

Date